Reynolds (G. P.)

abstract of the report of the Committee on obstetrics ×××××

Reynolds (G. P.)

REPRINT FROM

OCCIDENTAL

MEDICAL TIMES.

EDITED AND PUBLISHED BY
JAMES H. PARKINSON.

WITH THE COLLABORATION OF

WALLACE A. BRIGGS, Sacramento.
WM. ELLERY BRIGGS, Sacramento.
W. R. CLUNESS, Sacramento.
W. WATT KERR, San Francisco.
J. F. MORSE, San Francisco.
HENRY GIBBONS, JR., San Francisco.
THOS. W. HUNTINGTON, Sacramento.
G. L. SIMMONS, JR., Sacramento.
ALBERT ABRAMS, San Francisco.
J. W. ROBERTSON, San Francisco.
A. W. HOISHOLT, Stockton.
GEO. B. SOMERS, San Francisco.
G. F. SHIELS, San Francisco.

Vol. VI. Annual Subscription, $2.00 | MAY, 1892. | No. 5. Single Copies, 20 Cents

ABSTRACT OF THE REPORT OF THE COMMITTEE ON OBSTETRICS.

Of the Medical Society of the State of California, April, 1892.

By G. P. REYNOLDS, M. D., Chairman, Alameda.

The speaker in this paper wished to emphasize certain facts already well established in the practice of midwifery, and to touch upon a few points sometimes overlooked by the profession. Child-birth, in itself, was a physiological condition—he would only consider it pathologically.

He wished to emphasize the necessity for an intimate acquaintance of the physician with the condition of a pregnant woman. It is a too common occurrence, in private practice, for a physician not to see his case until after labor begins. Every woman should be cognizant of the fact that her doctor knows her condition, and that he takes every precaution for her good and safe delivery. The presence of tumors, injuries from previous labors, malposition of the uterus, the pelvic measurements, and the size and condition of the fetus might be discovered, and many a woman might be saved the mortification and expense attending a preparation for confinement, if this custom were carried into effect; for it not infrequently happens that women go to or beyond their expected term of gestation, to find themselves mistaken as to their condition.

Antiseptics have done much to diminish the mortality of lying-in women, and in this department the art of midwifery is in the path of progress. The use of antiseptic confinement pads, as active agents in the cause of antiseptic midwifery, is to be strongly recommended, though an old rag is usually thought to be good enough for this purpose. Modern antisepsis has taught us that if we purify our houses, our persons, and everything pertaining to or coming in contact with a lying-in woman, we are but observing very necessary precautions to avoid infection.

Much variance of opinion exists as to the time of allowing the patient to get up. Obstetricians should certainly insist upon a longer rest in bed than is customary. When we see her up in two or three weeks after child-birth, the nurse dismissed, and assuming the care of baby and household, possibly at the end of four or six weeks participating in social pleasures and fatigues, we can easily understand that the process of involution is delayed. No specified time can be laid down in this matter. Some are better able to get up at the end of twelve days than others after six weeks, and the physician must be the judge. It is certain that no one has ever been injured by the simple fact of remaining in bed, while thousands are victims of serious troubles resulting from too early rising.

There is evidently an increasing demand from our patients for the use of anesthetics. It was formerly held by the most conservative that only in operative midwifery should an anesthetic be administered. To-day we find a growing inclination with most practitioners to administer chloroform or ether during some period of all cases of labor, which are accompanied by very much pain. The risk in giving anesthetics is much less in this class of cases than in any other, though it is claimed that the danger from hemorrhage is much greater. While that may be true, relief from shock and from suffering compensates for a moderately increased loss of blood.

Chloral is a remedy of almost incalculable value in prolonged first stages, and which practically supersedes all other methods of dealing with this troublesome condition. From 6 to 10 or 15 grains, once or twice repeated in 15 or 20 minutes, either by mouth or rectum, is generally sufficient to produce an effect lasting for several hours. No other anesthetic or anodyne has gained any prominence within the last year, excepting some of the coal-tar preparations, phenacetine and antikamnia.

The management of cases requiring Cæsarean section, laparotomy, placental delivery, or craniotomy, are subjects being more thoroughly discussed than any others pertaining to midwifery. Until we can have more reliable records for our guidance we shall be wholly at sea. The question which to-day most interests

the practitioner in this class of cases, is how to treat extrauterine pregnancy. Their frequency, and the ability to recognize this condition are much greater than formerly.

Munde says: "The diagnosis is not usually very difficult when once we have had our attention called to its probabilities, and in view of the serious nature of the trouble, and of the great success of proper treatment, we should always, when suspicious symptoms are present, consider the case one of extrauterine pregnancy until we have proved the contrary." He further says: "In all cases seen before the end of the fourth month, and in many cases seen later, the destruction of the ovum by means of the electric current is the safest, most certain and most efficient method of treatment, this having succeeded in every case in which it was properly applied."

On the other hand, Dr. Reed, in the *American Journal of Obstetrics*, assumes that the only proper treatment for ectopical gestation is by abdominal section. Electricity has proven to be uncertain in its success in these cases, dangerous in its application, and tardy in its action. He says that the only proper treatment of ectopic gestation is by abdominal section; that the operation should be done before rupture, as soon as the condition can be properly diagnosed; that the operation should be done in all cases as soon as evidence of internal hemorrhage becomes apparent, and without awaiting for subsidence of so-called shock, or delaying to attempt the differential diagnosis between extra and intraperitoneal hemorrhage.

Prof. Byford says that we are in the heroic age in the treatment of extrauterine pregnancy, and where the lines that are to guide us are to be finally laid down has not yet been determined. Formerly we only discovered the fatal cases, while now we are discovering those that get well, and when we have learned to diagnose all of these cases, we will find that the death rate of all taken together is a small one. As to treatment, where we find that a great many get well without interference, we have learned, on the other hand, that we can easily cure nearly all of them by abdominal section.

The speaker concluded his paper by discussing at some length the indications for operation at the different stages of pregnancy.